2001 ANNUAL STATEMENT OF EARNED INCOME NEW MEMBER DATA

MEMIDER S NAME.			
MEMBER'S NAME:_	LAST	FIRST	MIDDLE INITIAL
SOCIAL SECURITY	NUMBER:		
DATE OF BIRTH:			
DATE OF RETIREME	ENT:		
AGENCY RETIRED I	FROM:		
POSITION/TITLE:			
TYPE OF DISABILIT	Y (ACC/ORD):		
ANNUAL DENSION	AMOUNT: \$		
ANNUAL PENSION A	AMOUNT: <u>\$</u> NCY AMOUNT	: \$	
WORKERS COMPEN	SATION OFFSI	ET AMOUNT: \$	
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******	******	******	*******
******	*****	*******	******

MEMBER'S NAME:	LAST		MIDDLE INITIAL
MEMBER'S NAME: SOCIAL SECURITY I	LAST NUMBER:	FIRST	MIDDLE INITIAL
MEMBER'S NAME: SOCIAL SECURITY I DATE OF BIRTH:	LAST NUMBER:	FIRST	MIDDLE INITIAL
MEMBER'S NAME: SOCIAL SECURITY I DATE OF BIRTH: DATE OF RETIREME	LAST NUMBER:	FIRST	MIDDLE INITIAL
MEMBER'S NAME: SOCIAL SECURITY I DATE OF BIRTH: DATE OF RETIREME AGENCY RETIRED F	LAST NUMBER:	FIRST	MIDDLE INITIAL
MEMBER'S NAME: SOCIAL SECURITY I DATE OF BIRTH: DATE OF RETIREME	LAST NUMBER:	FIRST	MIDDLE INITIAL
MEMBER'S NAME: SOCIAL SECURITY I DATE OF BIRTH: DATE OF RETIREME AGENCY RETIRED F POSITION/TITLE:	LAST NUMBER: ENT: FROM:	FIRST	MIDDLE INITIAL
MEMBER'S NAME: SOCIAL SECURITY I DATE OF BIRTH: DATE OF RETIREME AGENCY RETIRED F POSITION/TITLE: TYPE OF DISABILIT	LAST NUMBER: ENT: FROM: Y (ACC/ORD):	FIRST	MIDDLE INITIAL
MEMBER'S NAME: SOCIAL SECURITY I DATE OF BIRTH: DATE OF RETIREME AGENCY RETIRED F POSITION/TITLE: TYPE OF DISABILIT	LAST NUMBER: ENT: FROM: Y (ACC/ORD): AMOUNT: \$	FIRST	MIDDLE INITIAL
MEMBER'S NAME: SOCIAL SECURITY II DATE OF BIRTH: DATE OF RETIREME AGENCY RETIRED II POSITION/TITLE: TYPE OF DISABILIT ANNUAL ANNUITY	LAST NUMBER: ENT: FROM: Y (ACC/ORD): AMOUNT: \$_ AMOUNT: \$_	FIRST	MIDDLE INITIAL